

# **Blueprint Management Issues**

A plan is only as good as follow up actions. This section sketches some of the management of the plan emerging from the Substance Abuse Blueprint. This is only an outline, not the final management plan. Such a management plan must be constructed based on what is actually adopted by the Legislature. This section simply outlines some of the management plan issues that will need to be developed, after the Legislature approves the basic plan.

### Selecting First Steps

The number of tasks to undertake with this plan is daunting. The reason is simple: Over time, the problem has become very large in Wyoming, and the need is pressing. The temptation, under the circumstances, is either to delay or deny everything or be overconfident. Neither serves the public.

#### **Criteria for First Steps**

The authors suggest that the department and staff charged with implementing this plan divide the projects implicated in the plan into several basic groups:

⇒ Begin With Baselines. Monitoring and accountability systems will be required to show progress of effort.



Without these systems in place early on, it will be impossible to demonstrate to the people of Wyoming whether or not the activities are making a difference. System accountability must not be an afterthought. It must be an extremely high priority.

⇒ Pick the Low-Hanging Fruit.

Selection of strategies that will quickly produce perceived positive gain. Early victories are important to sustain the haul. A temptation may be to neglect the simple, beneficial strategies, because some problems are so terrible and painful. The paradox is that early victories aid the emotional and political support for

the long haul. Additionally, the early victories will nourish the agency staff that must carry out the Herculean efforts outlined in this blueprint. These short-term goals



are things that might mature as benefits for the state within 6 months or so from implementation.



⇒ Show Impact on Some "Big Deals."

Select some strategies that will

produce measurable benefit within 6

to 18 months. These are mid-term

benefits that will show that we can,
in fact, achieve some harder goals.

The selection of these strategies must
have a solid basis in prior research
that show results could be achieved
in the time period. What might be
examples? Trying to implement a
residential treatment program would
be unlikely to achieve such mid-term

results. Based on prior research, a smoking cessation protocol promoted in specific areas could, so too, might a protocol to reduce alcohol or tobacco use during pregnancy. Another strategy would be to reduce sales of alcohol to minors or reduce intoxication at bars where there is a history of serious car crashes from people driving home.

⇒ Initiate Some Projects With a Huge Payback 3-5 Years Out. Some strategies can produce some positive benefits in 3-5 years that will greatly impact the safety and public health of the state. Projects like Multi-Systemic Therapy can produce major savings in the treatment of teens with multi-problems; however, the protocols will take about 18 months to set up and at least another 18 months to systemically show measurable benefit for the state. These 3-5 year projects will need the short-term successes, in part, to reduce the need for such services. Otherwise, the more intensive services will become overwhelmed over time.

#### **Recommended First Steps**

Some key things to undertake in the first few years of the implementation of this plan and to produce short-term, medium-term and longer-term benefits include these examples:

⇒ Social marketing protocols to mobilize communities and normative changes and diffuse strategies that

- can be quickly adopted by stakeholders
- ⇒ Standards for treatment, intervention, and prevention, which will have long-term impact
- ⇒ Powerful strategies that will reduce perceived access to tobacco, alcohol, and other drugs among teens and children
- ⇒ Potent strategies (e.g., brief interventions and therapies) that reduce use of tobacco, alcohol, and other drugs during pregnancy; brief strategies that reduce substance misuse among adults; control strategies for prescription medications; behavioral protocols for schools that reduce aggressive behaviors related to substance abuse; gene and genogram screening for cofactors predicting adverse reactions for individuals in state care, and more
- ⇒ Powerful strategies to reduce serious behaviors through proven protocols such as Multi-Systemic Therapy, Intensive Supervision, Relapse Prevention, and more

# The Longer Journey Timeline

Not everything important for the Substance Abuse Blueprint can be achieved quickly. Some activities will take more time in a longer journey.



# Criteria for Longer-Term Steps

This blueprint proposes some simple criteria for the selection of longer-term strategies in the initial phases:

- ⇒ The longer-term strategies chosen for early implementation would have high probability of being implemented effectively.
- ⇒ The longer-term strategies effectiveness could be leveraged by the success of some short-term strategies.
- ⇒ The initial longer-term strategies are not construction dependent.

#### Some Recommended Initial-Focus Activities for Longer-Term Benefit

Some of the immediate longer-term strategies that will have a major impact include:

⇒ State standards for effective treatment, intervention, and prevention

- ⇒ Data collection and monitoring systems
- ⇒ Regional or Mobile Teams
- ⇒ Implementation of research-based therapies such as Multi-Systemic Therapy
- ⇒ Enhancement of the Olds Program and other near birth interventions
- ⇒ Brief therapies for cession, depression, and other mental illnesses
- ⇒ Contracts for services by Department of Family Services or Department of Corrections
- ⇒ Intensive Supervision Protocols for adults and youth

#### Matrix of Responsibilities

During the interim between submission of this report and the 2002 Legislative Session, a major task to be developed will be a matrix of the responsibilities by each participant or entity in Wyoming: each state agency, local governments, mental-health and substance abuse centers, institutions, private practitioners, school districts, etc.

This matrix needs to be created in a consultative process with these entities, after they have some time read, discuss, and interact with the Substance Abuse Division.

# Infrastructure Development

Wyoming must strengthen its infrastructure to carry out this plan. The problem has grown so large, and we have few historical resources for these issues. In some instances, various policies may have even impaired our response to the growing problems with substance abuse.

#### Government Infrastructure

A management plan must be developed in the context of the Department of Health, Department of Family Services, Department of Corrections, Department of Workforce Development and others entities. Some of the tasks to be completed in the development of the management plan include:

- ⇒ Review existing memorandum of understandings (MOU) that will assist the implementation of the Blueprint
- ⇒ Review the need for new memorandum of understandings (MOUs) that may be required
- ⇒ Revise existing rules and regulations that may need some amendment
- ⇒ Review existing Executive Orders to see if new ones might benefit the implementation of the Blueprint

#### **Provider Development**

The management plan will require figuring out the micro-details of developing support training of providers to implement elements of this plan. This includes:

- ⇒ State Supported Providers
- ⇒ Private Sector Providers
- ⇒ Community Infrastructure Related to Providers
- ⇒ Volunteer Recruitment and Management
- ⇒ Operations of Local Units of Government
- ⇒ Family Support and Advocacy Entities
- ⇒ Provider Associations

# Scientific, Knowledge, and Practical Infrastructure

The management plan will require extensive development of the talents and skills of our scientific and professional communities to implement this Blueprint. Some areas of development include:

- ⇒ University of Wyoming
- ⇒ Community Colleges
- ⇒ Non-Profit and For-Profit Organizations

### Leveraging Funds

The Blueprint cannot depend on only one source of funds for overall success. In creating this plan, it was envisioned that a number of sources might be leveraged for success, which include:

- ⇒ Federal Funds (Medicaid, Block Funds and Federal Grants)
- ⇒ Foundation Grants
- ⇒ Tobacco Settlement (This plan has been well integrated with the Tobacco Blueprint so that the two will work together)
- ⇒ Private Sector (in-kind, collaborative projects and direct efforts)

## Keeping the Infrastructure Nimble

This plan must be a living Blueprint. It cannot be locked, because the nature of the problems will change based on new events and data. The authors of the study recommend that supplements be created and adjustments be annually reviewed based on the various monitoring data reported to the Legislature.

# Monitoring and Reporting Progress

This plan depends extensively on quality data and frequent reporting, which has been covered in another section. This report and Blueprint presumes accountability for funds and results.

# Budget

The budget for the Blueprint is being prepared in consultation with Governor's Office and Legislature, based on the actions of the Legislature.